GOVERNO.	R'S EMPLOYEE SAFETY	AWARD (GESA) NOMINATION	GOVERNOR'S EMPLOYEE SAFETY AWARD (GESA) NOMINATION FORM					
Award Category Excellence in Occupational Safety (Individual)									
Calendar Year 2006 Agency									
Nominee Name (as it should appear on the certificate)	Working Title (see Group attachmen	(must atta	Classification (must attach specific duty statement, not State Personnel Board job specification)						
Work Mailing Address (include department, division, or office) Work Num			er Email	Email Address					
Summary of Contributions - Provide a summary of the actions or project in 150 words or less describing the nominee's contribution to safety. Include specific data, documentation, and statistics as required by the award category described on the nomination criteria information sheet. Include information such as what specific actions were taken by nominee and how these actions contributed toward improving safety in the workplace. Provide statistical information to support any measurable impact on the safety program, (e.g. reduction in workplace injuries, reduction in number of accidents, etc.). Refer to documentation requirements in attached guidelines. Summary will be published in the GESA Program brochure. An electronic copy of the summary will be requested as a Word document if nomination is approved.									
Provide further explanation if the following information is not answered in the Summary of Contributions shown above. Was the action or project completed in the 2006 calendar year? Yes □ No □									
Is this nominee directly responsible for safety or health programs?					Yes □ No □				
Did this action or project take place during the course and scope of employment?					Yes □ No □				
Has this action or project been considered previously for an award (GESA, departmental, merit, other)? Explain outcome.					Yes □ No □				
Supporting documentation and Duty Statement attached? EXPLANATION					Yes □ No □				
Departmental Contact (Print Name/Title)	Mailing Address	V	Work Number	Email Address					
Departmental Approval (Printed Name and Title) Signature of department/agency head or their designee (Director, President, Warden, Superintendent, etc.)			Work Number	Email Address					

Date

Signature